

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90066 005 ****61.25

DOCUMENT # N98000004792

1. Entity Name

SET FREE IN CHRIST MINISTRIES, INC.

Principal Place of Business

2856 ORANGE STREET
 MARIANNA FL 32448

Mailing Address

4197 MYLES STREET
 MARIANNA FL 32448-3709

00063130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3561569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CHRISTINE W
4197 MYLES STREET
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CHRISTINE W	
STREET ADDRESS	4197 MYLES STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, KIMBERLY	
STREET ADDRESS	186 W HEMBREE RD	
CITY-ST-ZIP	CRYSTAL SPRINGS FL 39059	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, KENDRICK	
STREET ADDRESS	P.O. BOX 568	
CITY-ST-ZIP	GREENWOOD FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREW, MARIETTA	
STREET ADDRESS	4197 MYLES STREET	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISSETT, RICHARD	
STREET ADDRESS	4422 MCCHAPEL ROAD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Kimberly	
STREET ADDRESS	Bradford Place	
CITY-ST-ZIP	100 Burton Place Bldg 6 Apt A JACKSON, MS 39212	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Kendrick	
STREET ADDRESS	P.O. Box 568	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 **850-482-7810**
 Date Daytime Phone #